



OFFICE OF ACCOUNTS AND CONTROL

**STATEMENT AND CLAIM FORM
PROPERTY LOST OR DAMAGED**

(Please Answer **All** Questions)

STATE EMPLOYEE ____ Yes ____ No

Name _____ Employer _____

Address _____ Insurance Co. _____

City, State, Zip _____ Date of Incident _____

Phone _____ Incident Reported ____ Yes ____ No

Property Damaged ____ Yes ____ No Reported To _____

Property Stolen ____ Yes ____ No Report Number _____

YOU MUST ATTACH A COMPLETED INCIDENT REPORT WITH THIS FORM

Please give a brief description of item (s) damaged or stolen.

Proof of Payment Attached ____ Yes ____ No

Repair or Replacement Quote/Estimate Attached ____ Yes ____ No

YOU MUST ATTACH A COMPLETED QUOTE/ESTIMATE WITH THIS FORM

Employee Signature: _____	Date: _____
Agency Director Signature: _____	Date: _____

For more information visit our web site: <http://controller.admin.ri.gov/Policies/index.php>

State of Rhode Island and Providence Plantations



OFFICE OF ACCOUNTS AND CONTROL

AFFIDAVIT/RELEASE

I, _____ the undersigned depose and say:
Print Claimant Name

1. That for and in consideration of the delivery of a draft or check to the undersigned in the sum of _____ which will be forth coming, each of the undersigned does hereby release and forever discharge the State of RHODE ISLAND AND PROVIDENCE PLANTATIONS from all claims, demands, damages, actions or causes of action, on account of damage to property resulting from an accident which occurred on or about _____ (See attached Claim form).
Date
2. That neither I nor anyone on my behalf has received payment on said claim, nor do I expect to receive payment on said claim from any other source and if I do receive any payment from any other source whatsoever, I shall immediately without demand, reimburse the State of Rhode Island.
3. That I have been made fully aware that the State of Rhode Island, its agents and servants may continue to investigate the circumstances of this claim and in the event the State of Rhode Island becomes aware of facts not presently known to
4. That it is understood and agreed that this is a FULL and FINAL RELEASE in full compromise settlement of all claims of every nature and kind whatsoever, and releases all claims whether known or unknown, suspected or unsuspected.

The undersigned (s) state (s) that this release has been carefully read and is signed as the free act and deed of such undersigned (s), and that this settlement is not to be construed as an admission of liability on the part of the parties released.

Date this _____ day of _____, 20_____.

Signature of Claimant

Signature of Witness

Address of Witness